STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155199	A. BUILDING _____ B. WING _____	02/10/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAPLE PARK VILLAGE	776 N UNION ST WESTFIELD, IN46074

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F0000	This visit was for a Recertification and State Licensure Survey. Survey dates: February 7, 8, 9 & 10, 2011 Facility number: 000106 Provider number: 155199 AIM number: 100266390 Survey team: Diana Zgonc RN TC Connie Landman RN Courtney Hamilton RN Christi Davidson RN Census bed type: SNF/NF: 73 SNF 9 Total: 82 Census payor type: Medicare: 14 Medicaid: 48 Other: 20 Total: 82 Sample: 17 These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2. Quality review completed 2/18/11 by	F0000	The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567 plan of correction be considered the letter of credible allegation and request a desk review, in lieu of a Post Survey revisit.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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	Jennie Bartelt, RN.			

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F0282	Based on observation, record review and interview, the facility failed to ensure residents with physician orders for blood pressures were obtained for 2 of 17 residents reviewed for following physician orders in a sample of 17 (Residents #23 and #44) and failed to ensure residents received only medications ordered by the physician for 1 of 17 residents reviewed for medication orders (Resident #71), and failed to ensure residents with orders for respiratory nebulizer treatments were administered the treatments by a licensed nurse for 2 of 3 observed for nebulizer treatment (QMA #1, Residents #110 and #96) in a sample of 17. Findings include: 1. The record for Resident #23 was reviewed on 02/07/11 at 1:50 P.M. Diagnoses for resident #23 included, but were not limited, to	F0282	**F282 Services by qualified persons/per care plan** This provider ensures the services provided or arranged by the facility are provided by qualified persons in accordance with each resident's written plan of care.**What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice** Regarding resident 23, the physician was contacted and blood pressure orders were changed to be monitored weekly. Regarding resident 44, the physician was contacted; medication dosages were changed as well as blood pressure monitoring orders. Regarding resident 71, the physician was contacted the telephone order was rewritten. The physician examined the resident and made a note in the medical record. The telephone order was sent to the pharmacy to be added to the next month's recap of orders. Regarding resident 110 and 96, the Qualified Medical Assistant (QMA) was counseled on 2/9/11 and educated on the QMA scope of practice. **How will you identify other residents having the**	03/08/2011

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	hypertension (high blood pressure), dementia, hemorrhagic cerebral vascular accident with right hemiplegia, dysphagia, depression and hyperlipidemia (high cholesterol). The February 2011 recapitulation (recap) of the current physician's orders indicated the resident was receiving a medicine for HTN (hypertension), amlodipine besylate 10 mg (milligram), tablet once a day originally ordered on 09/02/10. On this recap, it was indicated Resident #23 was receiving a second medication for HTN, Labetalol Hl 100 mg tablet two times a day originally ordered 09/02/10. The recap indicated a current physician's order originally dated 09/01/10, "Check blood pressure every week on: Thurs 7-3 Call MD if 3 B/P's (blood pressures) 1 HR (hour) apart are out of range: SYS (systolic) (greater than) 200		**potential to be affected by the same deficient practice and what corrective action will be taken** All residents with orders for routine blood pressure's chart were audited any issues identified of residents lacking blood pressures as ordered, the physician was contacted as appropriate. All recaps and medication administration sheets were audited for accuracy; issues identified were addressed appropriately. A 1:1 inservice was provided for the QMA regarding the facility policy for procedures that can be completed by a QMA and the Indiana standard for QMAs. No residents were affected as the resident identified administers her own nebulizer medication. **What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur** The facility has a scheduled day of the week to obtain weekly blood pressures. An inservice was provided regarding blood pressure monitoring and documentation to include the assigned schedule for monitoring was discussed with the licensed staff and QMAs. Weekly blood pressures are assigned on the MAR, and will be documented on the MAR and/or in the nurse's notes as appropriate. Medications with hold orders for blood pressure	

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	(less than) 90, DIAS (diastolic) (greater than) 100, (less than) 50." The Medication Administration Record (MAR), dated 01/01/11 through 01/31/11, indicated Resident #23 received amlodipine besylate as ordered at 6:00 A.M. everyday the entire month of January 2011. The MAR, dated 01/01/11 through 01/31/11, indicated Resident #23 received Labetalol HCl 100 mg tablet as ordered at 6:00 A.M. and 8:00 P.M. the entire month of January 2011 except at 6:00 A.M. on 01/25/11. The MAR, dated 01/01/11 through 01/31/11, for Resident #23, lacked documentation. Blood pressure readings were missing. The Monthly Vital Sign Monitoring Log for Resident #23, dated 2011 was blank.		readings will be documented separately on the MAR and scheduled/completed prior to the medication administration. Unit Managers were inserviced on completion of recaps, MARs and TARs All QMAs and licensed nurses were inserviced on the QMA scope of practice and the facility guidelines for QMAs. Skills validations were completed on all QMAs for medication administration. **How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place** The DNS/Designee will be responsible for monitoring for compliance by conducting a weekly audit of the residents with orders for weekly blood pressures. This will continue for 60 days then frequency will be determined by the CQI team. For those residents with daily blood pressure orders, the DNS/Designee will review for the presence of the appropriate blood pressures at least 3 times weekly for 60 days then frequency will be determined by the CQI team. Any issues identified will be called to the MD as needed; re-inservice training/disciplinary action will be imposed as appropriate. Skills validations will be completed by the SDC/Designee during random medication passes with a QMA at least 3 times weekly for 4 weeks,	

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	A nurse's note, dated 01/05/11, at 9:00 P.M., indicated the resident's blood pressure was 113/76. A nurse's note, dated 01/24/11, at 6:00 P.M., indicated the resident's blood pressure was 129/51. On 02/08/11, at 5:05 P.M., blood pressure readings were requested for 01/13/11 and 01/20/11, which was the second and third week of January, at the end of the day conference. On 02/09/11, at 8:43 A.M., no blood pressure recordings for 01/13/11 or 01/20/11 were provided by the Assistant Director of Nursing (ADON). No other blood pressure recordings for anytime between 01/05/11 and 01/24/11 were provided by the ADON. On 02/09/11, at 10:40 A.M., during an interview with LPN #10, it was indicated that blood pressures are recorded on the MAR, The Monthly		then weekly for 4 weeks, then as determined by the CQI team. Recaps will be signed as accurate by the licensed nurse. The Pharmacist will complete another review of the recap monthly for a double check for accuracy of recap. Results of the audits will be discussed in the Monthly CQI meeting for quality assurance **Compliance date:** March 8, 2011	

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	Vital Sign Monitoring Log, or in the nurse's notes.			

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F0282	2. A current facility policy provided by the ADON on 02/10/11 at 8:45 A.M. titled, "General guidelines for administering medications" and dated 01/01/05 indicated, "... The nurse will review the MAR and note any allergies, side effects and or other pertinent information that may effect the safe administration of the medication." Record review of Resident #44 was reviewed on 02/07/11 at 2:30 P.M. Diagnoses included, but were not limited to, hypertension, neuropathy, and pressure ulcers. Current physician's orders indicated an order, originally ordered on 11/22/10, for Lisinopril (blood pressure medication) 40 mg (milligrams) 2 tablets orally once a day. Hold for SBP (systolic blood pressure) less than 120. The medication administration record (MAR) lacked documentation Resident #44's BP had been checked prior to administration of the Lisinopril from 01/01/11 through 02/09/11. During an interview with the Unit Manager #9 on 02/09/11 at 10:25 A.M., indicated if the BP's "...were not in the	F0282	**F282 Services by qualified persons/per care plan** This provider ensures the services provided or arranged by the facility are provided by qualified persons in accordance with each resident's written plan of care.**What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice** Regarding resident 23, the physician was contacted and blood pressure orders were changed to be monitored weekly. Regarding resident 44, the physician was contacted; medication dosages were changed as well as blood pressure monitoring orders. Regarding resident 71, the physician was contacted the telephone order was rewritten. The physician examined the resident and made a note in the medical record. The telephone order was sent to the pharmacy to be added to the next month's recap of orders. Regarding resident 110 and 96, the Qualified Medical Assistant (QMA) was counseled on 2/9/11 and educated on the QMA scope of practice. **How will you identify other residents having the**	03/08/2011

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	MAR or in the nurses notes, then there aren't any [sic]." During daily conference on 02/09/11 with the Administrator, DON (Director of Nursing) and ADON (Assistant Director of Nursing), Resident #44's daily BP records were requested. On 2/10/11 at 8:45 A.M., the ADON indicated, "...we do not have any daily blood pressures." 3. The record for Resident #71 was reviewed on 2/7/11 at 2:50 P.M. Current diagnoses included, but were not limited to, arthritis, hypothyroidism, depression, seizures, gastroesophageal reflux disease, atrial fibrillation, and atypical psychosis. Resident #71's pain assessment, dated 12/9/10, indicated the resident received Ultram (Tramadol - a pain medication) 37.5 mg (milligrams) three times a day. Resident #71's February 2011 recapitulation of physician's orders lacked a printed order for Ultram to be administered. The order was handwritten in. The November 2010, December 2010, January 2011, and February 2011, MARs		**potential to be affected by the same deficient practice and what corrective action will be taken** All residents with orders for routine blood pressure's chart were audited any issues identified of residents lacking blood pressures as ordered, the physician was contacted as appropriate. All recaps and medication administration sheets were audited for accuracy; issues identified were addressed appropriately. A 1:1 inservice was provided for the QMA regarding the facility policy for procedures that can be completed by a QMA and the Indiana standard for QMAs. No residents were affected as the resident identified administers her own nebulizer medication. **What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur** The facility has a scheduled day of the week to obtain weekly blood pressures. An inservice was provided regarding blood pressure monitoring and documentation to include the assigned schedule for monitoring was discussed with the licensed staff and QMAs. Weekly blood pressures are assigned on the MAR, and will be documented on the MAR and/or in the nurse's notes as appropriate. Medications with hold orders for blood pressure	

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	(medication administration records) indicated the order for Tramadol handwritten in, and administered 3 times a day. During the daily conference with the Administrator, Assistant Director of Nursing Service (ADNS), and Consultant Nurse on 2/7/11 at 4:15 P.M., information concerning an order for the use of Tramadol was requested. During the daily conference with the Administrator, DNS, ADNS, and Nurse Consultant on 2/8/11 at 5:00 P.M., the ADNS indicated she was unable to find an order for the Tramadol. During an interview with LPN #3 on 2/10/11 at 10:20 A.M., she indicated there wasn't a signed (by the physician) recapitulation of physician's orders with the order for the Tramadol written in. 4. The Indiana Administrative Code, under "Article 2. Qualified Medication Aides... 412 IAC 2-1-9 Scope of practice" on page 6 (b) (2) indicated: "(b) The following tasks shall not be included in the QMA scope of practice:... ... (2) Administer medication used for intermittent positive pressure breathing (IPPD) treatments or any form of		readings will be documented separately on the MAR and scheduled/completed prior to the medication administration. Unit Managers were inserviced on completion of recaps, MARs and TARs All QMAs and licensed nurses were inserviced on the QMA scope of practice and the facility guidelines for QMAs. Skills validations were completed on all QMAs for medication administration. **How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place** The DNS/Designee will be responsible for monitoring for compliance by conducting a weekly audit of the residents with orders for weekly blood pressures. This will continue for 60 days then frequency will be determined by the CQI team. For those residents with daily blood pressure orders, the DNS/Designee will review for the presence of the appropriate blood pressures at least 3 times weekly for 60 days then frequency will be determined by the CQI team. Any issues identified will be called to the MD as needed; re-inservice training/disciplinary action will be imposed as appropriate. Skills validations will be completed by the SDC/Designee during random medication passes with a QMA at least 3 times weekly for 4 weeks,	

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	medication inhalation treatments, other than metered dose inhaler...." 5. The record for Resident #110 was reviewed on 2/9/11 at 9:00 A.M. Current diagnoses included, but were not limited to, pancreatic cancer, chronic obstructive pulmonary disease, hypertension, and anxiety. A current physician's order, dated 1/18/11, indicated Duoneb 3 ml (milliliters) was to be inhaled by nebulizer every 4 hours. During an observation on the Hall 2 area on 2/8/11 at 3:25 P.M., QMA #1 was observed starting the nebulizer treatment for Resident #110. When QMA #1 returned to the hallway, she indicated the facility corporation did not permit QMA's to perform nebulizer treatments, but she sometimes did, and the nurse would come later to check the resident. During the observation of that hallway, until 4:15 P.M. and Resident #110 was finished and in the bathroom with a CNA, no licensed nurse was observed going into Resident #110's room to check on the resident. 6. The record for Resident #96 was reviewed on 2/9/11 at 10:00 A.M.		then weekly for 4 weeks, then as determined by the CQI team. Recaps will be signed as accurate by the licensed nurse. The Pharmacist will complete another review of the recap monthly for a double check for accuracy of recap. Results of the audits will be discussed in the Monthly CQI meeting for quality assurance **Compliance date:** March 8, 2011	

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	Current diagnoses included, but were not limited to, gastroesophageal reflux disease, chronic obstructive pulmonary disease, and asthma. A current physician's order, dated 9/28/10, indicated Albuterol 0.083% solution 3 ml was to be inhaled by nebulizer 4 times a day. At 3:40 P.M. on 2/8/11, QMA #1 was observed handing Resident #96 the medication for her nebulizer treatment. QMA #1 indicated at that time Resident #96 was able to do her own nebulizer treatment, which the resident proceeded to do. No assessment of this resident other than an O2 Saturation was done. During an interview with LPN #3 on 2/9/11 at 9:55 A.M., she indicated licensed nurses do nebulizer treatments, QMA's are not allowed by the corporation. But sometimes QMA's are taught to do things in other facilities and continue to do them in this facility even thought the corporation says they can't. 3.1-35(g)(2)			

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F0371	Based on observation, record review and interview the facility failed to ensure residents would be free from the potential of a foodborne illness due to the lack of proper handwashing and due to the lack of proper food handling for 80 of 82 residents. (Dietary Manager #4) (Dietician #5) (Cook #6) (Cook #7) (CNA #8) Findings include: 1. A facility policy titled "American Senior Communities Hand Washing," dated 05/06, provided on 02/09/11, at 8:43 A.M., by the ADON (Assistant Director of Nursing), indicated, "Dietary staff will wash hands after touching...equipment, or utensils;...before touching food or food-contact surfaces...and after engaging in other activities that contaminate hands....Wash for at least 20 seconds...." 2. A facility policy titled "American Senior Communities General Food Preparation and Handling," dated 09/08, provided on 02/09/11, at 8:43 A.M. , by the ADON, indicated, "Food items will be prepared to...be free of injurious organisms and substances....Food will be prepared and served with clean tongs, forks, spoons, spatulas, or other suitable	F0371	**F371 Food storage/prepare/serve – sanitary conditions** The facility does store, prepare and serve food under sanitary conditions. **What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice** There were no residents identified as affected in the 2567. **How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken** All residents have the potential to be affected. No residents were identified in the 2567. **What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur** An inservice was provided regarding hand washing and food handling for the facility staff. Hand washing skill validations were completed on all dietary staff to ensure that handwashing occurs for at least 20 seconds per facility policy.	03/08/2011

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	implements so as to avoid manual contact of prepared foods....Bare hands should never touch...ready to eat food directly;...Use tongs when serving rolls, ..." 3. On 02/07/11, at 11:10 A.M., Cook #6 was observed leaving the steam table and entering the dry storage area. She returned to the food preparation line and opened a book. She then retrieved a service scoop from a drawer and then operated the microwave. She did not wash her hands. She returned to the steam table to plate food. 4. On 02/07/11, at 11:15 A.M., Cook #6 was observed picking up a corn muffin with her bare hand from the steam table. She did not use the tongs for one muffin that she plated. 5. On 02/07/11, at 11:20 A.M., Dietary Manager #4 was observed with 12 second handwashing in the kitchen. 6. On 02/07/11, at 11:25 A.M., Dietary Manager #4 was observed with 10 second handwashing in the kitchen. 7. On 02/08/11, at 6:00 P.M., Cook #7 was observed repositioning the steam table and plugging in the cord of the		Handwashing/infection control practices are discussed with all new employees upon hire per the general orientation program. Skills validations will be conducted 3 times weekly during random meals/tray pass, any issues will be addressed with additional 1:1 education/disciplinary action as appropriate **How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place** A CQI audit for meal service, to include handwashing will be completed by the Dietary Service Manager/Designee at least 3 times weekly for 60 days then as determined by the members of the CQI team. Any trends identified will be discussed with the CQI team for recommendations for appropriate actions The corrective action will be monitored by the Dietary service Manager. **Compliance date: March 8, 2011**	

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	155199	A. BUILDING _____ B. WING _____	02/10/2011

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	steam table into the wall outlet with bare hands. She did not wash her hands. She began serving food from the steam table. 8. On 02/08/11, at 6:00 P.M., Dietary Manager #4 was observed exiting the kitchen and entering the dining area with a thermometer. She cleaned thermometer with an alcohol swab. She did not wash her hands. She inserted the thermometer into the beef and noodles with her hand hovering over the food. She cleaned the thermometer with an alcohol swab and inserted the thermometer into the cauliflower with her hand hovering over the food. On 02/07/11, at 11:20 A.M., Cook #6 was interviewed regarding the facility policy for kitchen handwashing. She indicated she should wash her hands when entering or exiting the kitchen. She indicated she should wash her hands for 20 seconds. On 02/08/11, at 6:05 P.M., CNA #8 was observed grabbing the handles of the rolling trash cart. She did not wash her hands. She then proceeded to serve trays in the "Moving Forward" dining area. 3.1-21(i)(3)			

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F0425 SS=D	Based on observation, interview, and record review, the facility failed to ensure that expired medications were disposed of according to facility policy after the expiration date for 6 of 6 medication carts observed for expired medications. The deficient practice affected 1 of 17 sampled residents. (Resident #21). Findings include: Current facility policy titled, "Expiration dates and compromised medication" dated 01/01/05, provided by the ADON (Assistant Director of Nursing) on 02/09/11 at 8:40 A.M., indicated, "...Only medications with intact integrity should be administered to a resident." The policy also indicated " Travatan ophthalmic solution container ... discard container within six weeks of removal from sealed pouch." Current facility policy titled, "General guidelines for administering medication" dated 01/01/05, provided by the ADON on 02/10/11 at 8:45 A.M., indicated "...if the medication is outdated, remove medication for proper disposal..." The record for Resident # 21 was reviewed on 2/9/11 at 9:00 A.M. On 02/8/11 at 1:15 P.M., an expired bottle of Travatan Z 0.04% (eye drops) for Resident #21 was observed in the medication cart on the Moving Forward	F0425	**F 425 Pharmaceutical services.** The facility does provide pharmaceutical services, including procedures for acquiring, receiving dispensing and administration of all drugs to meet the needs of the residents. **What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice** Regarding resident 21, the medication was disposed, and reordered from the pharmacy **How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken** The surveyor went through all 6 medication and treatment carts per the 2567 and no other residents were affected. The facility reviewed all medication and treatments in the carts following the exit conference and no other residents were identified. **What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur**	03/08/2011

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	unit. The bottle contained a "use by sticker" with the date of 01/28. There was no open date labeled on the medication. There were no other open bottles of eye drops observed in the medication cart for Resident #21. The resident's MAR (medication administration record) for February indicated the facility administered the eye drops to Resident #21 every night at bedtime from 01/29/10 till 02/07/11. During an interview with the Assistant Director of Nursing on 2/8/11 at 3:15 P.M., she indicated all eye drops expire 90 days from opening. 3.1-25(o)		The Licensed nurses and QMAs were inserviced on the storage of medications and expiration policy. Shift nurses are assigned to review the carts for expired medications and/or appropriate medications without open dates. Medications that are ready to expire will be reordered by the nurse and disposed of per policy. Medications will be dated when opened. In the event that the date open is not documented the facility will go by the date delivered. **How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place** The DNS/Designee will complete a medication storage CQI audit on medication and treatment carts weekly for compliance. The Pharmacy Tech will complete a monthly quality assurance review of the medication carts the results will be provided to the DNS. Issues identified will be addressed.	

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F0431 SS=D	Based on observation, interview and record review, the facility failed to place open date labels on medications for 6 of 6 medication carts reviewed for open date labels. The deficient practice affected Residents #1, #7, #44. Findings include: Policy provided by the ADON (Assistant Director of Nursing) on 02/09/11 at 8:40 A.M. titled, "Expiration dates and compromised medication" dated 01/01/05 indicated, "with some multi-dose containers it is important to complete the "Date Opened" sticker. The expiration date is then dependent on this date...." On 02/09/11 at 1:15 P.M., the medication cart on the Moving Forward unit was observed. The med (medication) cart contained Dorzolamide-Timolol (eye drops) filled on 01/17/11 and Travatan Z 0.04% (eye drops) filled on 1/17/11 for Resident #1. The med cart contained Betaxol HCL (eye drops) filled on 2/2/11 and Travatan Z 0.04% (eye drops) filled on 1/24/11 for Resident #7. Medications had been opened, but did not contain open date labels. On 02/09/11 at 1:35 P.M., the medication (med) cart on the 100 hallway was	F0431	**F-431 Drug records, label/store drugs and biologicals** Drugs and biologicals used by the facility are stored and labeled with current acceptable practices. **What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice** Regarding resident 1, 7 and 44, the date delivered was used for the open dates on the medications. **How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken** The surveyor went through all 6 medication and treatment carts per the 2567 and no other residents were affected. The facility reviewed all medication and treatments in the carts following the exit conference and no other residents were identified. **What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur**	03/08/2011

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	observed. The med cart contained 2 bottles of Travatan Z 0.04% (eye drops) for Resident #44. The bottles were filled on 12/25/10 and 1/31/11. Both bottles were opened, but did not contain open date labels. During an interview with the DON on 02/09/11 at 3:15 P.M., he indicated the expiration date for the eye drops would be 90 days from the date the medication was opened. 3.1-25(k)(6)		The Licensed nurses and QMAs were inserviced on the storage of medications, date open and expiration policy. Shift nurses are assigned to review the carts for expired medications and/or medications without open dates. Medications that are soon to expire will be reordered by the nurse and disposed of per policy. Medications will be dated when opened. In the event that the date open is not documented the facility will go by the date delivered. **How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place** The DNS/Designee will complete a medication storage CQI audit on medication and treatment carts weekly for compliance. The Pharmacy Tech will complete a monthly quality assurance review of the medication carts the results will be provided to the DNS. Issues identified will be addressed **Compliance date: March 8, 2011**	